

# ELDER ABUSE, NEGLECT, AND EXPLOITATION



**IT IS A CRIME**

**MISSOURI'S RESPONSE SYSTEM  
1-800-392-0210**

**March 2000**

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## **AGING IN AMERICA....**

**In 1900, the older population - persons 65 years or older - numbered 3.1 million Americans or 4% of the United States population.**

- ✓ In 1997, this number increased eleven times to 34.1 million and the percentage more than tripled to 12.7% representing about one in every eight Americans.
- ✓ Missourians over age 65 (approximately 741,000) made up 13.7% of our state's total population in 1997.

**The over-65 population is projected to increase to 62 million by 2025, nearly double the estimated number of 34.7 million for the year 2000.**

- ✓ Growth among the oldest elderly (85 years and older) will be dramatic in the coming years. In 2025, this group will number over 150,000 persons, and account for 2.4% of all Missourians.
- ✓ Missouri's senior population over age 65 is projected to increase 70% by the year 2025 (from 741,000 in 1995 to an estimated 1,258,000 in 2025).

**Almost 2 million persons celebrated their 65th birthday in 1997. In that same year, over 1.7 million persons 65 or older died, resulting in a net increase of 214,000 seniors.**

- ✓ In 1997, older women out-numbered older men by a ratio of 143 to 100.
- ✓ In 1910, the average life expectancy at birth in Missouri was 53 years, while a child born in Missouri in 1997 could expect to live 76.5 years.
- ✓ Missouri life expectancy at age 65 has grown fully five years since 1910, to over 82 years of age today.

**In 1995 approximately:**

- ✓ 4% of older Americans (1.4 million) lived in nursing facilities;
- ✓ 13% of the elderly lived with their children or other relatives; and
- ✓ Nearly a third (9.9 million or 31%) of all non-institutionalized older persons lived alone; 41% of older women and 17% of older men.

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## ***History of Missouri Elder Abuse Laws***

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- 1979 Mandated reporting of suspected abuse and neglect of long-term care facility residents.
- 1980 Established authority of the Division of Aging to provide protective services to elderly (age 60+) in the community.
- 1980 Central Registry Unit (CRU) established.
- 1984 Penalty for abuse and neglect in long-term care facilities amended to a felony.
- 1984 Authority granted whereby the Department of Social Services would establish and maintain an Employee Disqualification List (EDL) of people who have been finally determined by the department to have abused, neglected, or misappropriated funds/property of a facility resident.
- 1987 Protective services extended to include adults (age 18 - 59) who are suffering from mental or physical disabilities that substantially limit their ability to protect their own interest or adequately obtain or perform services necessary to meet their essential human needs.
- 1992 The crime of "Elder Abuse" established, including graduated penalties for perpetrators of abuse and neglect.
- 1992 The EDL statute amended to include the home care industry. Prohibitions, protections, and penalties of the EDL statute extended to include Division of Aging clients receiving services in their homes.
- 1994 Extension of the EDL statute and employment prohibition to include agencies licensed by the Department of Health and all Medicaid provider agencies delivering services to clients in their homes.
- 1994 Failure to report abuse or neglect of a long-term care facility resident from an infraction to a misdemeanor.
- 1997 Legislation mandates criminal background checks on all employees of in-home services providers.
- 1999 Department of Health (DOH) to implement an education and awareness program to increase awareness of the problem of elder abuse and neglect with the goal of reducing the incidences of elder abuse and neglect.
- 2000 Legislation enacted creating the crime of "Financial Exploitation" of the elderly and persons with disabilities to strengthen successful prosecution that reflects the vulnerability of this population.
- 2000 Legislation established the Family Care Safety Registry within DOH to coordinate information necessary to prohibit certain individuals from being employed by agencies responsible for the care of the elderly (and children) including those with a criminal history or other disqualifying registers.

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## ***Guiding Principles for Home and Community Services Adult Protective Services (APS)***

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The law contains certain guarantees that protect the rights of eligible adults alleged to be in need of protective services.

The Missouri Department of Social Services, Division of Aging, delivers **home and community based Adult Protective Services (APS)** with consideration to the following inherent rights:

- { Self-Determination
- { Protection
- { Confidentiality
- { Participate in Care Planning
- { Receive Assistance
- { Refuse Services
- { Refuse Medical Treatment

Protective services are provided by individuals or agencies for or on behalf of eligible persons who are unable to:

- { manage their own affairs;
- { carry out the activities of daily living; or
- { protect themselves from abuse, neglect or exploitation which may result in harm or a hazard to themselves or others.

The purpose of APS is to:

- { promote independence;
- { maximize client choice and provide for meaningful client input for preferences;
- { provide quality alternatives to institutional care; and
- { empower the older adult to attain or maintain optimal self-determination.

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## ***Guiding Principles of Long-Term Care Facility Residents***

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*Long-term care facilities* are required by statute to provide protective oversight for their residents. In addition, each facility must protect and promote a basic set of "resident rights."

The Division of Aging's Institutional Services staff conduct investigations of reported abuse, neglect, and exploitation of individuals residing in long-term care facilities. Complaint investigations are handled in accordance with state statute, and all information obtained during investigations is handled in a confidential manner.

**A facility resident has the right to:**

- ✓ be free from mental and physical abuse;
- ✓ be informed of their medical condition;
- ✓ select their own physician;
- ✓ participate in planning their care;
- ✓ refuse treatment;
- ✓ voice grievances;
- ✓ be treated with respect and dignity; and
- ✓ have treatments provided in privacy.

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***Long-Term Care Ombudsman Program***

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The *Missouri Long-Term Care Ombudsman Program* also helps residents by empowering them with knowledge and advocating on their behalf - both individually and as a group - to ensure that their rights are protected. Services of a Volunteer Ombudsman can be accessed by calling:

**1 - 800 - 309 - 3282**

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***Central Registry Unit***  
***24 - hour toll-free HOTLINE***  
***1 - 800 - 392 - 0210***

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The Central Registry Unit (CRU), the statewide central intake unit, has taken calls since 1980. All calls are electronically recorded and kept on file for a minimum of one year.

TYPE OF CALL	1980 - 2000
Home And Community Services: Abuse/Neglect	198,037
Institutional Services: Abuse/Neglect	83,313
<b>Total Abuse/Neglect Reports</b>	<b>281,350</b>

Pre-long Term Care Screening	211,385
Information and Referral	251,731
Statements of Concern (1990-present)	6,797

**Abuse/Neglect Intake and Information & Referral      751,263 Total**

Reports include:

{ Information regarding the *eligible adult*:

- √ Name, address and telephone number;
- √ Date of birth or age;
- √ Other relevant identifiers.

{ Nature of the *incident*:

- √ *ABUSE*: the infliction of physical, sexual, emotional or financial injury or harm;
- √ *NEGLECT*: failure to provide services when such failure presents either an imminent danger to the health, safety, or welfare - OR - substantial probability that death or serious physical harm will result;
- √ *MISAPPROPRIATION* of funds or property of in-home services clients or residents of long-term care facilities;
- √ *FALSIFICATION* of documentation which verifies service delivery to in-home services clients; or
- √ *FINANCIAL EXPLOITATION*: a person in a position of trust and confidence knowingly and by deception or intimidation obtains control of property for use by someone other than the owner.

{ Names of any available witnesses.

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## ***Registering Reports***

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Upon initial contact, DA/CRU interviews the reporter to obtain information sufficient to determine eligibility for DA involvement:

- { Adult is over the age of 60, **or**
- { Adult is between the ages of 18 & 59, **and** has a mental or physical impairment that substantially limits one or more major life activities; **and** is unable to:
  - v protect their own interests, **or**
  - v adequately perform or obtain services which are necessary to meet their essential human needs.

Statutes protect the confidentiality of the contents of the report and information regarding the reporter. DA obtains information sufficient to conduct an investigation.

### **Classification of Reports:**

- ◆ **Class I** reports involve life-threatening, imminent danger situations which indicate a high risk of injury or harm to an eligible adult.
- ◆ **Class II** reports involve situations which may result in harm or injury to an eligible adult but is not life-threatening.

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## ***Imminent Danger - Life-Threatening Situations***

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The following situations, although not all-inclusive, should be considered emergencies:

- ‡ Reports of physical abuse occurring at the present time or where there are injuries to the eligible adult.
- ‡ Reports of ongoing sexual abuse.
- ‡ Reports involving eligible adults who are suffering from acute, untreated medical conditions.
- ‡ Reports alleging that caretakers of eligible adults are psychotic, behaving in a bizarre manner, or acting under the influence of drugs or alcohol.
- ‡ Reports alleging chemical restraint through non-prescribed drugs or alcohol.
- ‡ Complaints alleging bizarre punishment.
- ‡ Complaints alleging that an eligible adult is suicidal.
- ‡ Complaints involving abandonment of an eligible adult incapable of providing for their essential human needs.
- ‡ Self-referrals from families who state they are unable to meet the immediate care needs of an eligible adult.

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## ***Reporting Elder Abuse***

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Reporting requirements exist in five Missouri statutes: 198.070 RSMo; 198.090 RSMo; 660.300 RSMo; 660.305 RSMo; and 565.188 RSMo.

{ Requirements are intended to protect adults who demonstrate a need for protective services or who are suspected to be victims of abuse or neglect.

The subsequent Division of Aging (DA) investigation is conducted in accordance with the following statutory guidelines:

1. The identity of a reporter is protected in accordance with state statutes (660.263 RSMo; 660.300 RSMo; 660.320 RSMo and 198.070 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (660.300.8 RSMo; 198.070 RSMo and 565.190 RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal or retaliation when such report is filed in good faith (660.300 RSMo; 660.305 RSMo and 198.070 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the Director of DA may prohibit persons from working in any capacity in the field of elder care, thereby increasing the protection of eligible adults (660.315 RSMo and 198.070 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including completion of a criminal background check, and reviewing current employees against the most recent information contained in the EDL (660.315 RSMo; 660.317 RSMo and 198.070 RSMo).
6. DA has legislative responsibility for investigation of all allegations of abuse and neglect (660.260 RSMo; 660.261 RSMo; 660.300.5 RSMo; 660.305 RSMo and 565.186 RSMo).
7. The DA worker shall investigate reports of alleged abuse and neglect in accordance with current DA policy. This investigation will focus on gathering all pertinent information and will generally include:
  - v an interview with the reported adult;
  - v an interview with any relevant witnesses; and
  - v an interview with the alleged perpetrator.



## **Indicators of Abuse & Neglect**

### **Physical Appearance**

✓ Burns, especially unusually located	✓ Wheezing/persistent cough	✓ Bed sores
✓ Malnutrition, poor skin color, thin, obese, listless, mind unclear	✓ Bruises resembling an object	✓ Tremors
✓ Bilateral bruises on upper arms, as from shaking	✓ Untreated medical conditions	✓ Red, painful eyes
✓ Swollen ankles (heart or kidney ailment)	✓ Coldness in part of body	✓ Broken glasses/frames
✓ Clustered bruises on trunk from repeated striking	✓ Immobile/difficult moving	✓ Unkempt, dirty
✓ Old and new bruises - as an injury repeated	✓ Same clothing all the time	✓ Hair matted or tangled
✓ Unhealed sores/untreated injuries	✓ Sudden weight loss or gain	✓ Decayed teeth
✓ Green, yellow, red, brown sputum	✓ Lacerations/welts, black eye	✓ Swollen eyes
✓ Clothing inappropriate for weather, occasion, filthy, torn, too big, rags	✓ Lack of prosthetic devices	✓ Swelling of legs
✓ Swelling in joints accompanied by sickness or fever	✓ Untreated medical condition	✓ Lack of clothing
✓ Bone fracture/signs of fractures	✓ Blood in excretion	✓ Shoes on wrong feet
✓ Unintentionally non-communicative	✓ Loss of sight or hearing	✓ Incontinent
✓ Rash, impetigo, eczema	✓ Heat exhaustion	✓ Fleas or lice
✓ Clothing covering entire body	✓ Dehydration	✓ Coma
✓ Thin spots in hair (as though pulled out)	✓ Severe or constant pain	✓ Vomiting
	✓ Repeated broken bones	✓ Shortness of breath
	✓ Sudden illness	✓ Chest pains
	✓ Odorous, smell of alcohol	✓ Lumps
	✓ Changes in appearance	✓ Scars
	✓ Dilated pupils	✓ Hair not combed
	✓ Nails needing clipping	✓ Loss of equilibrium
		✓ Narcolepsy

### **Environmental**

✓ Lots of medications lying around	✓ Hazardous conditions:	✓ Outdated prescriptions
✓ Medications from several doctors	- poor wiring	✓ Fecal/urine smell
✓ Medications not clearly marked	- porch is rotten	✓ Urine soaked bed
✓ Soiled bedding/furniture	- open fireplace	✓ Evidence of restraints
✓ Food is not present, inadequate or spoiled, or lying around	- stack of newspapers	✓ Limited variety of food
✓ Food stored improperly	- only one exit	✓ Roof leaks
✓ No evidence of food preparation	- inadequate light especially in stairs and halls	✓ Furniture rickety
✓ Unsanitary food preparation	- no handrail on stairs	✓ Overcrowding
✓ Lack of minimum facilities - bathroom, bed, furniture	- odor of gas	✓ Home too cold/hot
✓ Large number of animals lacking care	- loose rugs	✓ Home not ventilated
✓ Lack of electricity, heat, water, toilet, or cooking facilities, refrigeration or cooling	- floor uneven or slippery	✓ No screens or windows
✓ House infested with fleas, lice, roaches, rats, birds, squirrels, snakes, etc.	- unventilated gas heaters	✓ Contaminated well
✓ Change in housekeeping style	- extension cord in traffic pattern	✓ Empty bottles of liquor
✓ Piles of dirty clothes/linens	- no grab bars or non-skid strips in bathroom	✓ Yard cluttered
✓ Number of locks and bolts	- bad chimney	✓ Unable to access essential rooms
✓ Disappearance of personal property or household items	- broken glass	✓ Burst water pipes
	- no locks	✓ High grass
	✓ Large cracks in wall/floor	✓ Bad neighborhood
		✓ Frequent moving
		✓ Too many stairs

### **Behavior of Family or Caregiver**

- |  |   |  |
|--|---|--|
| ✓ Conflicts with others or the community   | ✓ Blames others for problems                        | ✓ Marital or family discord            |
| ✓ Arguments within extended family on care provided to client                      | ✓ Irresponsible                                     | - striking                             |
| ✓ Family imposes obligations   | ✓ Caregiver has many other responsibilities         | - shoving                              |
| ✓ Manipulates overly passive adults into baby-sitting, paying bills, loaning money | ✓ Denial of problems                                | - beating                              |
| ✓ Family has other illness to deal with  | ✓ Alcohol, drug use by family                       | - name-calling                         |
| ✓ Recent loss of spouse, family members or close friends                           | ✓ Intergenerational households                      | - scape-goating                        |
| ✓ Resentment by caregiver  | ✓ Overprotection by family                          | - yelling                              |
| ✓ Financial problems / lack of money   | ✓ Lack of physical, facial, eye contact with client | ✓ Continuous friction                  |
| ✓ Client left alone for long periods of time                                       | ✓ Caregiver does not provide needed personal care   | ✓ Hostility                            |
| ✓ Lack of knowledge by caregiver of client's condition and needed care             | ✓ Unusual expenses and no visible means of income   | ✓ Secretive                            |
| ✓ History of mental illness in the family  | ✓ Transfer of property, savings, insurance, wills   | ✓ Impatient                            |
| ✓ Withholding of food or medications   | ✓ Other injuries found which were not reported      | ✓ Frustrated                           |
| ✓ Unrealistic expectations of client   | ✓ Prolonged interval between treatment and injury   | ✓ Poor self-control                    |
| ✓ Explanation of injury not feasible   | ✓ Someone other than caregivers bring client        | ✓ Shows little concern                 |
| ✓ Past history of similar episodes   | ✓ Caregiver will not allow visitors                 | ✓ Recent family crisis                 |
| ✓ Inconsistent explanations  | ✓ Unexplained cash flow                             | ✓ Role reversal                        |
| ✓ Sudden appearance of previously uncaring relatives                               | ✓ Excessive payment of care                         | ✓ Treats client like a child           |
| ✓ Evasiveness on payment of bills  |   | ✓ Overly frugal                        |
| ✓ Unusual household composition  |   | ✓ Lock client away from rest of family |
| ✓ Competition in family for attention  |   | ✓ Family does not interact with client |
|  |   | ✓ Resentment                           |
|  |   | ✓ Jealousy                             |
|  |   | ✓ Doctor hopping                       |

### **Social Indicators**

- |  |  |                                |
|--|--|--------------------------------|
| ✓ Client resists going outside home  | ✓ Home is physically isolated from community                 | ✓ Receives no visitors         |
| ✓ Little or no contact with others   | ✓ No assistance provided by friends, relatives, or neighbors | ✓ Lack of aged friends         |
| ✓ Only one person to call in times of crisis                                   | ✓ Lives alone or in an overcrowded home                      | ✓ Doesn't know neighbors       |
| ✓ Dependent on only one caregiver for financial / physical / emotional support | ✓ Community refuses support, client is ostracized            | ✓ Relatives live far away      |
| ✓ Conflicts with the community   | ✓ Lack of magazines, books, radio, TV, phone, letters        | ✓ Doesn't want worker to leave |
| ✓ Pets replace affection from others   |  | ✓ No hobbies or interests      |
| ✓ Undesirable friends, too many  |  | ✓ Eats alone                   |
| ✓ Caregivers who provide help for pay  |  | ✓ Unable to read or write      |
| ✓ Visitors only on check day   |  |                                |

### **Client's Behavior**

- |   |   |                         |
|---|---|-------------------------|
| ✓ Withdrawn - no desire for family or outside contacts      | ✓ History of mental illness                         | ✓ Loneliness            |
| ✓ Not willing to form attachments                           | ✓ Alcohol or drug abuse                             | ✓ Unjustified fear      |
| ✓ Extreme agitation / irritable/grouchy                     | ✓ Violent / threatens worker                        | ✓ Unwarranted suspicion |
| ✓ Depressed affect / no eye contact, movement or expression | ✓ Delusions / paranoia                              | ✓ Mentally deficient    |
| ✓ Sleep disorders, insomnia, nightmares                     | ✓ Recent or sudden changes in behavior or attitudes | ✓ Bizarre behavior      |
|   | ✓ Denial of problems                                | ✓ Compulsiveness        |

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- |                                  |   |                  |
|----------------------------------|---|------------------|
| v Excessive physical complaints  | v Refusal to talk about subject or personal matters | v Fanaticism     |
| v Denial of problem due to pride |   | v Frequent falls |
|                                  |   | v No set meals   |

### ***Client's Behavior (continued)***

- |   |   |  |
|---|---|--|
| v Refuses to discuss situation, cooperate, communicate the need for help  | v Inappropriate use of facilities                       | v Overly frugal                        |
| v Blaming of someone else for problems                                    | v Constantly losing thoughts                            | v Wandering                            |
| v Unable to cook, phone for help or take medications properly             | v Hoards / squanders money                              | v Begging                              |
| v Unaware of how much money they receive and regular monthly expenses     | v High dependence on others, or agencies                | v Pack-ratting                         |
| v Carries large amount of cash  | v Chronically fails to pay bills                        | v Confusion                            |
| v Lacks judgment, confuses priorities                                     | v Depleted bank accounts with nothing to show           | v Easily influenced                    |
| v Frequent requests for help at the end of the month to supplement income | v Large amount of purchases on credit                   | v Overly quiet                         |
| v Payment of exorbitant prices for services, repairs, rent, etc.          | v Can't remember who you are or who they are            | v Passive                              |
| v Unable to respond rationally to questions / erratic / irrational        | v Inability to follow instructions                      | v Timid                                |
| v Disoriented as to time and place  | v Utterly discouraged / hopeless                        | v Suicidal                             |
| v No incentive or motivation, apathetic                                   | v No pride in themselves or their home, low self-esteem | v Excessive crying                     |
| v Persistent, intense anxiety unattributable to any real problem          | v Inability to distinguish between fantasy and reality  | v Uncashed checks; money laying around |
| v Feelings of inadequacy / worthlessness                                  | v Unreasonable excuses                                  | v Demanding undivided attention        |
|   | v Frightened of caregiver                               | v Careless smoking                     |
|   | v Unintelligible speech / unable to communicate         | v Refuses to open door                 |
|   |   | v Unwillingness to talk                |
|   |   | v Extreme procrastination              |
|   |   | v Giving money away; overly-generous   |

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## ***Investigation***

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Initiation of the investigation will begin as soon as is necessary, according to information contained in the report.

{ DA reviews the report and contacts the reporter when appropriate (and inasmuch as is possible) for additional information.

{ DA interviews the reported adult, the alleged perpetrator and any relevant witnesses.

{ DA shall notify the appropriate law enforcement authorities when the report may involve a crime.

Protective services are implemented only with consent of the reported adult (or guardian when appropriate).

{ DA may institute legal proceedings as part of the protective service plan when judicial intervention is determined necessary to protect the eligible adult from abuse or neglect.

{ Service plans are coordinated with current support systems to maximize client independence.

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## Overview of Service Intervention

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### **Core Services**

- ▼ *Intake and assessment*
- ▼ *Case management*
- ▼ *Follow-up*
- ▼ *Early intervention services*
- ▼ *Temporary financial support*

### **Emergency**

- ▼ *Emergency shelter, food, or clothing*
- ▼ *Emergency caregiver or placement*
- ▼ *Crisis intervention*

### **Social, Educational, Recreational**

- ▼ *Outreach*
- ▼ *Information and referral assistance*
- ▼ *Crime prevention*
- ▼ *Telephone reassurance*
- ▼ *Friendly visitor*
- ▼ *Support groups*
- ▼ *Transportation*
- ▼ *Religious / church organizations*
- ▼ *Congregate meals / Senior Centers*
- ▼ *Counseling*
- ▼ *Adult educational classes*
- ▼ *Arts and crafts courses*
- ▼ *Civic groups, clubs, fraternal organizations, AARP*
- ▼ *Voluntary organizations (Red Cross, Cancer Society, YWCA, hospital volunteer, nursing home volunteer, foster grandparents)*
- ▼ *Adult day care*

### **Financial/Economic**

- ▼ *System for money management; counseling, power of attorney, payee, conservatorship*
- ▼ *Income stretching benefits: SSI, SS, VA, Food Stamps, Medicaid, private pension plans, Railroad Retirement, health insurance*
- ▼ *Employment programs / agencies*
- ▼ *Clubs and churches which provide specific services: Lions, Rotary, civic groups, fraternal organizations*

### **Legal**

- 
- ✓ *Better Business Bureau*
  - ✓ *Law Enforcement*
  - ✓ *Attorneys; state and local bar associations; Legal Aid*
  - ✓ *Civil commitment*
  - ✓ *Orders of protection*
  - ✓ *Durable power of attorney*
  - ✓ *Guardianship / conservatorship / public administrator*
  - ✓ *Probate and circuit courts*

## **Health / Medical**

- ✓ *Hospitalization, doctor visit, outpatient clinics*
- ✓ *Health screening and medical evaluation*
- ✓ *Drug information and health education*
- ✓ *Mental health services*
- ✓ *Dental care*
- ✓ *Home health care, visiting nurses, public health department*
- ✓ *Adult day care*
- ✓ *Medicaid*
- ✓ *Medicare*
- ✓ *Congregate and home-delivered meals*
- ✓ *Boarding / nursing homes*
- ✓ *Voluntary organizations (American Cancer Society, American Heart Assoc., etc.)*

## **Home Support and Housing**

- ✓ *Respite*
- ✓ *Alternative housing, HUD programs, local housing authorities, public housing, retirement villages*
- ✓ *Homemaker*
- ✓ *Chore services*
- ✓ *Home repair*
- ✓ *Residential care / nursing homes*

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## **Hotline Information - Central Registry Unit**

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### **I. Intake Activities (initial reports)**

	<b>FY'98</b>	<b>FY'99</b>	<b>FY'00</b>
✓ Abuse, Neglect and Exploitation (A/N/E) of the elderly	10,833	11,209	11,477
✓ A/N/E of adults with disabilities under age 60	2,553	2,890	3,255
<b>subtotal</b>	<b>13,386</b>	<b>14,099</b>	<b>14,732</b>
✓ Abuse, neglect in LTC facilities	716	683	787
✓ Other LTC facility complaints	5,375	6,716	6,382
<b>subtotal</b>	<b>6,091</b>	<b>7,399</b>	<b>7,169</b>
✓ Pre-admission screening referrals (MO Care Options)	23,970	24,287	24,775
✓ Statements of Concern	999	9	372
✓ Other Information and Referral (I&R)	19,473	22,120	20,894
<b>subtotal</b>	<b>44,442</b>	<b>46,416</b>	<b>46,041</b>
<b>TOTAL INTAKE AND I&amp;R</b>	<b>63,919</b>	<b>67,914</b>	<b>67,942</b>

### **II. Findings (completed investigations from field staff)**

#### **A. Home And Community Services: A/N/E of adults residing in home or community based settings.**

	<b>Reason to Believe</b>	<b>Suspected</b>	<b>Unsubstantiated</b>
<b>FY '00</b>	57.0%	19.5%	23.5%
<b>FY '99</b>	55.0%	21.5%	23.5%
<b>FY '98</b>	56.4%	21.9%	21.7%

#### **B. Institutional Services: Long-term care resident A/N/E and other complaints.**

	<b>Valid</b>	<b>Unable to Verify</b>	<b>Invalid</b>
<b>FY '00</b>	27.8%	16.7%	55.5%
<b>FY '99</b>	26.4%	20.9%	52.7%
<b>FY '98</b>	25.0%	25.3%	49.7%

### **III. Types of I&R Calls**

- ✓ Referrals to Area Agency on Aging offices
- ✓ Alzheimer's information and support group referral
- ✓ Heat crisis, cooling center information
- ✓ Referrals to other agencies (Medicaid, Social Security, spousal abuse agencies, etc.)
- ✓ Repeated Missouri Care Options screening referrals or information requests
- ✓ Governor's Silver Club application and information
- ✓ OBRA Pre-Admission information requests

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- v Refer to local DA (Home and Community & Institutional)
  - v Unable to investigate (hang ups, harassment, etc.)

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## ***Home and Community Services Abuse Information Community Based Investigations***

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### **I. Description of Home and Community Investigative Findings**

- A. Reason to Believe: Substantial amount of evidence is found supporting the allegations contained in the report.
- B. Suspected: Based on worker judgment, allegations contained in the report are probable or likely.
- C. Unsubstantiated: The evidence of the investigation does not support the allegations in the report.

### **II. Status of Home and Community Services Investigative Findings**

	<b>FY '98</b>	<b>FY '99</b>	<b>FY '00</b>
✓ Reason to Believe	56.4%	55.0%	57.0%
✓ Suspected	21.9%	21.5%	19.4%
✓ Unsubstantiated	21.7%	23.5%	23.6%

### **III. Types of Problems Identified by Status**

Based on "problems" on completed investigations (not directly related to the number of reported elders/victims, as victims may have multiple problems).

<b>Total Percentages</b>	<b>FY '98</b>	<b>FY '99</b>	<b>FY '00</b>
Physical Abuse	6.9%	7.2%	7.3%
Physical Neglect	54.8%	54.6%	53.3%
Emotional Abuse	8.9%	8.6%	8.6%
Emotional Neglect	13.8%	13.1%	13.8%
Financial Exploitation	5.8%	6.6%	6.4%
Financial Neglect	6.2%	6.0%	6.2%
Mental Disability	2.6%	2.7%	2.9%
Other	1.0%	1.1%	1.5%

<b>f Findings</b> (Types of Problems)	Reason to Believe			Suspected			Unsubstantiated		
	<b>FY'98</b>	<b>FY'99</b>	<b>FY'00</b>	<b>FY'98</b>	<b>FY'99</b>	<b>FY'00</b>	<b>FY'98</b>	<b>FY'99</b>	<b>FY'00</b>
Physical Abuse	35.1%	33.0%	37.6%	19.3%	20.9%	18.3%	45.6%	46.2%	44.1%
Physical Neglect	35.7%	37.0%	38.3%	19.8%	19.1%	18.7%	44.5%	43.9%	43.0%
Emotional Abuse	33.3%	34.0%	36.4%	27.8%	26.0%	24.6%	38.9%	40.1%	39.0%
Emotional Neglect	43.7%	43.5%	46.6%	25.9%	24.9%	23.4%	30.4%	31.6%	30.0%
Financial Exploitation	15.2%	16.4%	16.3%	23.0%	21.7%	21.5%	61.8%	61.9%	62.2%
Financial Neglect	35.4%	35.3%	38.9%	21.1%	20.8%	19.2%	43.5%	44.0%	41.9%
Mental Disability	60.9%	61.0%	65.5%	19.8%	18.7%	15.9%	19.2%	20.3%	18.6%
Other	44.5%	40.3%	44.8%	15.8%	22.0%	13.5%	39.8%	37.7%	41.7%



#### IV. Demographic Profiles of Home and Community Services Investigations of Reported Elders

		FY '98	FY '99	FY '00	1990 Census (60+)
Sex	Female	64.6 %	64.4 %	64.0 %	59.0%
	Male	35.4	35.6	36.0	41.0%
Race	White	79.3 %	78.9 %	78.3 %	91.7%
	Black	18.4	18.9	18.7	7.3%
	Other	0.7	0.7	0.8	1.0%
	Unknown	1.6	1.5	2.2	
Age	Under 60	18.9 %	20.0 %	21.4 %	
	60-64	7.0	7.2	7.5	24.2%
	65-69	9.5	9.7	9.7	23.1%
	70-74	12.5	13.3	12.0	18.5%
	75-79	16.5	15.3	15.5	15.1%
	80-84	15.0	14.6	14.9	10.5%
	85-89	12.5	12.2	11.0	8.6% (Over 85)
	90-94	6.1	5.8	5.8	
	95 plus	1.9	2.1	2.2	
	Unknown	0.0	0.0	0.0	
Living Arrangement	Alone	45.2 %	48.5 %	49.1 %	26.6%
	With spouse	16.5	15.5	14.5	61.3%
	With relative	26.4	25.1	25.5	5.9%
	With non-relative	4.7	4.6	4.3	1.7%
	Long-term care	5.8	5.4	5.1	4.0%
	Other / unknown	1.4	1.0	1.5	0.5%

#### V. Perpetrator Related Data (when perpetrator designated; reports may have multiple perpetrators)

	FY'98	FY'99	FY'00
Self	22.4 %	24.0 %	23.7 %
Spouse	4.8	4.1	3.7
Housemate	2.0	1.6	1.5
Son/Daughter	12.2	11.8	11.3

Siblings	1.7	1.3	1.3
Parent	1.6	1.6	1.6
Grandchild	2.5	2.9	2.2
Other Relative	3.8	3.6	3.2
Friend/Neighbor	3.0	2.8	2.4
Landlord	0.7	0.6	0.6
<b>(Perpetrator Data Continued)</b>			
Guardian	0.4	0.3	0.3
Health Care Professional	1.2	1.0	0.9
In-Home Service Provider	3.4 %	3.5 %	4.5 %
Circumstances / Environment	36.1	36.0	38.1
Other	2.4	2.5	2.6
Unknown	2.0	2.4	2.1

#### Relationship of Reported Elder Living with Alleged Perpetrator

	FY'98	FY'99	FY'00
Spouse	22.3 %	19.5 %	20.6 %
Housemate	8.4	7.6	7.4
Son / Daughter	34.3	35.9	36.0
Siblings	4.9	3.4	3.9
Grandchild	7.0	9.6	6.8
Other Relative	14.2	15.6	16.4
Friend / Neighbor	2.3	2.4	2.1
Other	4.0	2.8	4.4
Unknown	2.6	3.2	2.4

#### VI. Resolution of Investigations Reported by Case Managers

	FY'98	FY'99	FY'00
Opened for protective services (APS)	25.8 %	27.1 %	27.2 %
Report substantiated but no protective service need	12.1	12.7	13.2
Resolved (includes unsubstantiated)	29.8	29.5	29.0

Refused services	8.8	8.0	8.0
Placed in long-term facility (care)	9.9	9.6	9.3
Referred to other agency / agencies	4.6	4.4	4.0
Other	1.9	1.9	2.2
Unable to locate	1.1	1.1	1.2
Client died	3.7	3.8	3.8
Client moved	1.9	1.5	2.1

## VII. Abuse, Neglect, Exploitation of Home and Community Services Reports

**Class I:** Imminent danger or an emergency situation.

**Class II:** Direct or immediate relationship to the health, safety or welfare of the reported adult but which does not create imminent danger.

**Class III:** "Non-protective" situation; not a Class I or Class II.

Total Home and Community Services Hotline Calls							
	FY '98			FY '99			FY '00
<i>Class I</i>	1,815	13.6%		1,864	13.2%		2,059 14.0%
<i>Class II</i>	10,133	75.7%		10,471	74.3%		10,496 71.2%
<i>Class III</i>	1,438	10.7%		1,764	12.5%		2,177 14.8%
<b>TOTAL</b>	<b>13,386</b>	<b>100%</b>		<b>14,099</b>	<b>100.0%</b>		<b>14,732 100.0%</b>

## VIII. Field Operations Action

A. Unduplicated Count of Reported Adults Served*	<b>FY '98</b>	<b>FY '99</b>	<b>FY '00</b>
Class I	1,318	1,304	1,489
Class II	7,835	8,050	8,170
<b>Total</b>	<b>9,153</b>	<b>9,354</b>	<b>9,659</b>

\* Includes only clients with Departmental Client Numbers (DCN). Based on completed investigations.

### B. Time-frames for Seeing Alleged Victim Based on Completed Investigations

<b>FY '00</b>	<b>Total</b>	<b>24 Hours</b>	<b>48 Hours</b>	<b>In 7 days</b>	<b>Over 7 days</b>	<b>Not seen</b>
<i>Class I</i>	<b>1,980</b>	1,809 91.4%	41 2.1%	50 2.5%	0 0.0%	80 4.0%
<i>Class II</i>	<b>10,593</b>	3,550 33.5%	1,088 10.3%	4,611 43.5%	1 0.0%	1,343 12.7%

<b>FY '99</b>	<b>Total</b>	<b>24 Hours</b>	<b>48 Hours</b>	<b>In 7 days</b>	<b>Over 7 days</b>	<b>Not seen</b>
<i>Class I</i>	<b>1,892</b>	1,713 90.5%	40 2.1%	60 3.2%	0 0.0%	79 4.2%
<i>Class II</i>	<b>10,575</b>	3,456 32.6%	1,095 10.4%	4,522 42.8%	1 0.0%	1,501 14.2%

<b>FY '98</b>	<b>Total</b>	<b>24 Hours</b>	<b>48 Hours</b>	<b>In 7 days</b>	<b>Over 7 days</b>	<b>Not seen</b>
<i>Class I</i>	<b>1,787</b>	1,614 90.3%	50 2.8%	60 3.4%	0 0.0%	63 3.5%
<i>Class II</i>	<b>9,987</b>	3,244 32.5%	1,035 10.4%	4,322 43.3%	2 0.0%	1,374 13.8%

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***Aging Hotline***  
***1 - 800 - 392 - 0210***

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## Institutional Services Abuse Information Long-Term Care Facility Based

- A. Valid:** A conclusion that the allegation did occur and there was a statutory or regulatory violation; OR a conclusion that there is reasonable likelihood that the allegation did occur and there was a statutory or regulatory violation.
- B. Invalid:** A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred; OR a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.
- C. Could Not Verify:** This conclusion is reached when a complaint is investigated and there is conflicting information collected to the extent that no conclusion could be reached.

### I. Findings Based on Completed Complaint Investigations

	FY'98		FY'99		FY'00	
Valid - uncorrected	416	7.7%	752	11.7%	1,311	15.1%
Valid - corrected before investigation, no statement of deficiency	905	16.6%	918	14.3%	1,057	12.1%
Valid - corrected during investigation, uncertified; no statement of deficiency	32	0.6%	14	0.2%	29	0.3%
Valid - corrected during investigation, certified; statement of deficiency required	6	0.1%	12	0.2%	21	0.2%
<b>Total Valid Investigations</b>	<b>1,359</b>	<b>25.0%</b>	<b>1,696</b>	<b>26.4%</b>	<b>2,418</b>	<b>27.7%</b>
Invalid, unsubstantiated, or not in violation	2,703	49.7%	3,375	52.7%	4,831	55.6%
Could not verify	1,374	25.3%	1,339	20.9%	1,455	16.7%
<b>Total Investigations Completed</b>	<b>5,436</b>	<b>(100%)</b>	<b>6,410</b>	<b>(100%)</b>	<b>8,704</b>	<b>(100%)</b>

### II. Complaint Reports and Self-Reported Incidents

	FY'98		FY'99		FY'00	
Abuse, neglect reports	716	11.8%	683	9.2%	787	11%
Regulation violation reports	5,375	88.2%	6,716	90.8%	6,382	89%
<b>Total Reports</b>	<b>6,091</b>	<b>(100%)</b>	<b>7,399</b>	<b>(100%)</b>	<b>7,169</b>	<b>(100%)</b>

Self-reports by facility (Statements of Concern)	999	9	0
Self-reported incidents	0	0	372

**Note:** Statements of Concern include additional information on existing reports or non-regulatory allegations. This report classification was deleted effective FY99.  
In FY 2000, this report classification denotes self-reports by facilities.

<b>Professionals mandated to report in accordance with:</b>	<b>660.300</b>	<b>565.188</b>	<b>198.070</b>
Adult Day Care Center Workers		yes	yes
Chiropractors	yes	yes	yes
Christian Science Practitioners	yes	yes	yes
Clinic personnel engaged in treatment, examination, care; adults 60 (+)		yes	
Clinic personnel engaged in the examination of persons age 60 (+)			yes
Coroner		yes	yes
Dentist	yes	yes	yes
Department of Health Employee	yes		
Department of Mental Health Employee	yes		yes
Department of Social Services Employee	yes		yes
Facility Administrator			yes
Facility Employee (also see Nursing Home Worker)			yes
Health practitioners engaged in treatment, examination, care; persons age 60 (+)		yes	
Hospital personnel engaged in treatment, examination, care; adults age 60 (+)		yes	
In-home services employees, operators, and owners	yes		
Interns (also see Resident Intern)			yes
Law Enforcement Officials (also see Peace Officers)		yes	yes
Medical Examiner	yes	yes	yes
Mental Health Professionals		yes	yes
Ministers	yes		yes
Nurse (also see Registered Nurse)	yes	yes	yes
Nursing Home Worker (also see Facility Employee)		yes	
Optometrist	yes	yes	yes
Other Health Practitioner			yes
Other person with responsibility for the care of persons 60 years (+)		yes	

## Mandated Reporters

<b>f failure to report is a Class A misdemeanor</b>			
Other person with responsibility for the care of an eligible adult			yes
Peace Officer	yes	yes	yes
Pharmacist	yes		yes
Physical Therapist	yes		yes
Physician	yes	yes	yes
Podiatrist	yes	yes	yes
Probation or Parole Officer		yes	yes
Psychologist	yes	yes	yes
Registered Nurse (also see Nurse)	yes	yes	
Resident Intern	yes	yes	
Social Worker	yes	yes	yes
<b>660.300</b> - Abuse/Neglect of in-home services clients			
<b>565.188</b> - Person (age 60 or older) subjected to conditions which would reasonably result in abuse or neglect			
<b>198.070</b> - Resident of a nursing facility has been abused or neglected			

## Family Care Safety Registry

The Family Care Safety Registry (FCSR) is maintained by the Department of Health in coordination with the Department of Social Services and the Department of Public Safety. Affected care workers (both child care and elder care) hired on or after January 1, 2001, must be registered. The registry will help ensure that personnel who provide care for children or the elderly can be easily screened against criminal background history and information provided by:

- ♦ Missouri State Highway Patrol for criminal background checks;
- ♦ Division of Family Services for child abuse/neglect records and foster parent, residential facility and child placing agency licensing records;
- ♦ Department of Health for child care facility licensing records; and
- ♦ Division of Aging for Employee Disqualification List records and residential living facility and nursing home licensing records.

Care workers required to register include individuals employed by elder care providers and/or those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, and adult day health care agencies. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results.

Background information from the FCSR may be requested for **employment purposes only**.

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- ♦ The caller must disclose their name and address before information will be provided.
  - ♦ Information released to callers will be limited to whether the registrant's name is listed in any of the registries and if so, which one(s).
  - ♦ Specific information about registrants will be disclosed upon receipt of a written request from the prospective employer including name, address, and the reason for the request.

Registrants will be notified each time someone requests information about them from the registry. The notification will contain the name and address of the person making the inquiry and the background information released.

Elder care workers required to register who fail to submit a completed registration form to the FCSR within 15 days of beginning employment is guilty of a Class B misdemeanor. Any person who uses the information obtained from the FCSR for any purpose other than those outlined in the legislation is guilty of a Class B misdemeanor.

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## ***Family Care Safety Registry***

**1-866-422-6872**

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